



2854 #5

Please type a plus sign (+) inside this box ☐ PTO/SB/122 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Change of address  
R. Reed  
12/30/02

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <i>Application</i>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/766,149 ✓
	Filing Date	01-18-2001 ✓
	First Named Inventor	PARKINSON ✓
	Group Art Unit	2854
	Examiner Name	
	Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number  Type Customer Number here Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	JOHN VICTOR PARKINSON				
Address	708 EAST COOK ST.				
Address					
City	SANTA MARIA	State	CA	ZIP	93454
Country	US				
Telephone	(805) 925-2998	Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	JOHN V. PARKINSON
Signature	<i>John V Parkinson</i>
Date	12/12/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

TECHNOLOGY CENTER 2800

DEC 27 2002

RECEIVED